

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 1740-000064/US

First Inventor Kang Soo SEO et al.

Title RECORDING MEDIUM HAVING DATA STRUCTURE FOR MANAGING REPRODUCTION OF STILL IMAGES RECORDED THEREON AND RECORDING AND REPRODUCING METHODS AND APPARATUSES

Express Mail Label No.

|  |                                  |  |              |
|--|----------------------------------|--|--------------|
| <b>APPLICATION ELEMENTS</b><br><i>See MPEP chapter 600 concerning utility patent application contents.</i>   |                                  | <b>ADDRESS TO:</b><br>Commissioner for Patents<br>Box Patent Application<br>P.O. Box 1450<br>Alexandria, VA 22313-1450   |              |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original and a duplicate for fee processing)</i><br>2. <input type="checkbox"/> Applicant claims small entity status.<br><i>See 37 CFR 1.27.</i><br>3. <input checked="" type="checkbox"/> Specification <span style="border: 1px solid black; padding: 0 2px;">(Total Pages 25)</span><br><i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (<i>if filed</i>)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul><br>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) <span style="border: 1px solid black; padding: 0 2px;">(Total Sheets 8)</span><br>5. Oath or Declaration <span style="border: 1px solid black; padding: 0 2px;">(Total Pages 4)</span> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/> <i>(for a continuation/divisional with Box 18 completed)</i> </li> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>           Signed statement attached deleting inventor(s)<br/>           named in the prior application, see 37 CFR<br/>           1.63(d)(2) and 1.33(b).</li> </ul><br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 |                                  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program ( <i>Appendix</i> )<br>8. Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul><br><b>ACCOMPANYING APPLICATIONS PARTS</b> <ul style="list-style-type: none"> <li>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/> <i>(when there is an assignee)</i></li> <li>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</li> <li>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input type="checkbox"/> Copies of IDS Citations</span></li> <li>13. <input type="checkbox"/> Preliminary Amendment</li> <li>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/> <i>(Should be specifically itemized)</i></li> <li>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/> <i>(if foreign priority is claimed)</i></li> <li>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</li> <li>17. <input type="checkbox"/> Other:</li> </ul> |              |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)<br><i>Prior application information:</i> Examiner _____ of prior application No. _____ / _____<br><i>Group / Art Unit:</i> _____  |                                  |  |              |
| <b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.   |                                  |  |              |
| <b>17. CORRESPONDENCE ADDRESS</b>  |                                  |  |              |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label  |                                  | <span style="font-size: 2em; font-weight: bold;">30593</span><br>30593<br><i>(Insert Customer No. or Attach bar code label here)</i>   |              |
| <input type="checkbox"/> Correspondence address below  |                                  |  |              |
| Name   | Harness, Dickey & Pierce, P.L.C. |  |              |
| Address  | P.O. Box 8910                    |  |              |
| City   | Reston                           | State  | VA           |
| Country  | United States of America         | Telephone  | 703-668-8000 |
| Name (Print/Type)  |                                  | Registration No. (Attorney/Agent)  |              |
| Signature  |                                  | Date   |              |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

22386 U.S. PTO  
10/7/16611

112003

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

112003

13281 U.S. PTO

# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**(\$)  
982

| Complete if Known    |                     |
|----------------------|---------------------|
| Application Number   | NEW                 |
| Filing Date          | November 20, 2003   |
| First Named Inventor | Kang Soo SEO et al. |
| Examiner Name        | Unknown             |
| Group / Art Unit     | Unknown             |
| Attorney Docket No.  | 1740-000064/US      |

| METHOD OF PAYMENT (check all that apply)  |                    |                 |                | FEE CALCULATION (continued)   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
|---|--------------------|-----------------|----------------|---|--------------|-----------------|----------|---------------|---------------|-----------------|--------------|---------------|---------------|--------------|-------------|------|------|-----|-----|------|------|-----|-----|------|------|-------|-------|--------------|------|----------|------|--|------|--------|--------|--------------|--------------------|--------------|----------------|----------|------|--------|-----|------|------|-----|-------|------|------|-------|--------------------|------|------|-------|-------|--------------|------|----------|-----|------|------|-----|-----|------|------|-----|-----|------|------|-------|-------|------|------|-----|----|------|------|-------|-----|------|------|-------|-----|------|------|-----|-----|------|------|-----|-----|------|------|-----|-----|------|------|----|----|------|------|-----|-----|------|------|----|----|------|------|-----|-----|------|------|-----|-----|------|------|-----|-----|------|------|-----|-----|---------------------------|--|--|--|-----------------------------------|--|--|--|----------------------|--|--|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account:<br>Deposit Account Number 08-0750<br>Deposit Account Name Harness, Dickey & Pierce, P.L.C.  |                    |                 |                | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code 1051</td><td>Fee Code 2051</td><td>Fee (\$ 130)</td><td>Fee (\$ 65)</td></tr> <tr><td>1052</td><td>2052</td><td>50</td><td>25</td></tr> <tr><td>1053</td><td>1053</td><td>130</td><td>130</td></tr> <tr><td>1812</td><td>1812</td><td>2,520</td><td>2,520</td></tr> <tr><td>1804</td><td>1804</td><td>920*</td><td>920*</td></tr> <tr><td>1805</td><td>1805</td><td>1,840*</td><td>1,840*</td></tr> <tr><td>1251</td><td>2251</td><td>110</td><td>55</td></tr> <tr><td>1252</td><td>2252</td><td>420</td><td>210</td></tr> <tr><td>1253</td><td>2253</td><td>950</td><td>475</td></tr> <tr><td>1254</td><td>2254</td><td>1,480</td><td>740</td></tr> <tr><td>1255</td><td>2255</td><td>2,010</td><td>1,005</td></tr> <tr><td>1401</td><td>2401</td><td>330</td><td>165</td></tr> <tr><td>1402</td><td>2402</td><td>330</td><td>165</td></tr> <tr><td>1403</td><td>2403</td><td>290</td><td>145</td></tr> <tr><td>1451</td><td>1451</td><td>1,510</td><td>1,510</td></tr> <tr><td>1452</td><td>2452</td><td>110</td><td>55</td></tr> <tr><td>1453</td><td>2453</td><td>1,330</td><td>665</td></tr> <tr><td>1501</td><td>2501</td><td>1,330</td><td>665</td></tr> <tr><td>1502</td><td>2502</td><td>480</td><td>240</td></tr> <tr><td>1503</td><td>2503</td><td>640</td><td>320</td></tr> <tr><td>1460</td><td>1460</td><td>130</td><td>130</td></tr> <tr><td>1807</td><td>1807</td><td>50</td><td>50</td></tr> <tr><td>1806</td><td>1806</td><td>180</td><td>180</td></tr> <tr><td>8021</td><td>8021</td><td>40</td><td>40</td></tr> <tr><td>1809</td><td>2809</td><td>770</td><td>385</td></tr> <tr><td>1810</td><td>2810</td><td>770</td><td>385</td></tr> <tr><td>1801</td><td>2801</td><td>770</td><td>385</td></tr> <tr><td>1802</td><td>1802</td><td>900</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="4">SUBTOTAL (3) (\$ 40)</td> </tr> </tbody> </table> |              |                 |          | Large Entity  | Small Entity  | Fee Description | Fee Paid     | Fee Code 1051 | Fee Code 2051 | Fee (\$ 130) | Fee (\$ 65) | 1052 | 2052 | 50  | 25  | 1053 | 1053 | 130 | 130 | 1812 | 1812 | 2,520 | 2,520 | 1804         | 1804 | 920*     | 920* | 1805   | 1805 | 1,840* | 1,840* | 1251         | 2251               | 110          | 55             | 1252     | 2252 | 420    | 210 | 1253 | 2253 | 950 | 475   | 1254 | 2254 | 1,480 | 740                | 1255 | 2255 | 2,010 | 1,005 | 1401         | 2401 | 330      | 165 | 1402 | 2402 | 330 | 165 | 1403 | 2403 | 290 | 145 | 1451 | 1451 | 1,510 | 1,510 | 1452 | 2452 | 110 | 55 | 1453 | 2453 | 1,330 | 665 | 1501 | 2501 | 1,330 | 665 | 1502 | 2502 | 480 | 240 | 1503 | 2503 | 640 | 320 | 1460 | 1460 | 130 | 130 | 1807 | 1807 | 50 | 50 | 1806 | 1806 | 180 | 180 | 8021 | 8021 | 40 | 40 | 1809 | 2809 | 770 | 385 | 1810 | 2810 | 770 | 385 | 1801 | 2801 | 770 | 385 | 1802 | 1802 | 900 | 900 | Other fee (specify) _____ |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) (\$ 40) |  |  |  |
| Large Entity  | Small Entity       | Fee Description | Fee Paid       |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| Fee Code 1051   | Fee Code 2051      | Fee (\$ 130)    | Fee (\$ 65)    |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1052  | 2052               | 50              | 25             |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1053  | 1053               | 130             | 130            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1812  | 1812               | 2,520           | 2,520          |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1804  | 1804               | 920*            | 920*           |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1805  | 1805               | 1,840*          | 1,840*         |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1251  | 2251               | 110             | 55             |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1252  | 2252               | 420             | 210            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1253  | 2253               | 950             | 475            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1254  | 2254               | 1,480           | 740            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1255  | 2255               | 2,010           | 1,005          |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1401  | 2401               | 330             | 165            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1402  | 2402               | 330             | 165            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1403  | 2403               | 290             | 145            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1451  | 1451               | 1,510           | 1,510          |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1452  | 2452               | 110             | 55             |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1453  | 2453               | 1,330           | 665            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1501  | 2501               | 1,330           | 665            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1502  | 2502               | 480             | 240            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1503  | 2503               | 640             | 320            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1460  | 1460               | 130             | 130            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1807  | 1807               | 50              | 50             |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1806  | 1806               | 180             | 180            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 8021  | 8021               | 40              | 40             |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1809  | 2809               | 770             | 385            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1810  | 2810               | 770             | 385            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1801  | 2801               | 770             | 385            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1802  | 1802               | 900             | 900            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| Other fee (specify) _____   |                    |                 |                |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| *Reduced by Basic Filing Fee Paid   |                    |                 |                | SUBTOTAL (3) (\$ 40)  |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1. BASIC FILING FEE<br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code 1001</td><td>Fee Code 2001</td><td>Fee (\$ 770)</td><td>Fee (\$ 385)</td></tr> <tr><td>1002</td><td>2002</td><td>340</td><td>170</td></tr> <tr><td>1003</td><td>2003</td><td>530</td><td>265</td></tr> <tr><td>1004</td><td>2004</td><td>770</td><td>385</td></tr> <tr><td>1005</td><td>2005</td><td>160</td><td>80</td></tr> <tr><td colspan="2">SUBTOTAL (1)</td><td colspan="2">(\$ 770)</td></tr> </tbody> </table> |                    |                 |                | Large Entity  | Small Entity | Fee Description | Fee Paid | Fee Code 1001 | Fee Code 2001 | Fee (\$ 770)    | Fee (\$ 385) | 1002          | 2002          | 340          | 170         | 1003 | 2003 | 530 | 265 | 1004 | 2004 | 770 | 385 | 1005 | 2005 | 160   | 80    | SUBTOTAL (1) |      | (\$ 770) |      | 2. EXTRA CLAIM FEES<br><table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>20</td><td>-20 **</td><td>= 0</td><td>X 18</td><td>= 0</td></tr> <tr><td>5</td><td>-3 **</td><td>= 2</td><td>X 86</td><td>= 172</td></tr> <tr><td colspan="2">Multiple Dependent</td><td>X</td><td></td><td>= 0</td></tr> <tr><td colspan="2">SUBTOTAL (2)</td><td colspan="2">(\$ 172)</td><td></td></tr> </tbody> </table> |      |        |        | Total Claims | Independent Claims | Extra Claims | Fee from below | Fee Paid | 20   | -20 ** | = 0 | X 18 | = 0  | 5   | -3 ** | = 2  | X 86 | = 172 | Multiple Dependent |      | X    |       | = 0   | SUBTOTAL (2) |      | (\$ 172) |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| Large Entity  | Small Entity       | Fee Description | Fee Paid       |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| Fee Code 1001   | Fee Code 2001      | Fee (\$ 770)    | Fee (\$ 385)   |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1002  | 2002               | 340             | 170            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1003  | 2003               | 530             | 265            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1004  | 2004               | 770             | 385            |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 1005  | 2005               | 160             | 80             |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| SUBTOTAL (1)  |                    | (\$ 770)        |                |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| Total Claims  | Independent Claims | Extra Claims    | Fee from below | Fee Paid  |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 20  | -20 **             | = 0             | X 18           | = 0   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| 5   | -3 **              | = 2             | X 86           | = 172   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| Multiple Dependent  |                    | X               |                | = 0   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| SUBTOTAL (2)  |                    | (\$ 172)        |                |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |
| **or number previously paid, if greater; For Reissues, see above  |                    |                 |                |   |              |                 |          |               |               |                 |              |               |               |              |             |      |      |     |     |      |      |     |     |      |      |       |       |              |      |          |      |  |      |        |        |              |                    |              |                |          |      |        |     |      |      |     |       |      |      |       |                    |      |      |       |       |              |      |          |     |      |      |     |     |      |      |     |     |      |      |       |       |      |      |     |    |      |      |       |     |      |      |       |     |      |      |     |     |      |      |     |     |      |      |     |     |      |      |    |    |      |      |     |     |      |      |    |    |      |      |     |     |      |      |     |     |      |      |     |     |      |      |     |     |                           |  |  |  |                                   |  |  |  |                      |  |  |  |

| SUBMITTED BY      |   |                                  |        |           |                   | Complete (if applicable) |
|-------------------|---|----------------------------------|--------|-----------|-------------------|--------------------------|
| Name (Print/Type) | Gary D. Yacura  | Registration No. Attorney/Agent) | 35,416 | Telephone | 703/668-8000      |                          |
| Signature         |  |                                  |        | Date      | November 20, 2003 |                          |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.